

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-11-05</u>		2 Serial/Patent # <u>10 521,077</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing		10521077	\$
<input type="checkbox"/>	Amendment		10521077	\$
<input type="checkbox"/>	Extension of Time		10521077	\$
<input type="checkbox"/>	Notice of Appeal/Appeal		502342	\$
<input type="checkbox"/>	Petition		00000000	\$
<input type="checkbox"/>	Issue		00000000	\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		00000000	\$
<input type="checkbox"/>	Maintenance		00000000	\$
<input type="checkbox"/>	Assignment		00000000	\$
<input type="checkbox"/>	Other <u>Fee Code Correction</u>		<u>1-12-05</u>	\$
		7 TOTAL AMOUNT OF REFUND		<u>\$500.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>50--2342</u>		
<u>Application qualifies for Special Fee</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>BAC</u>		TITLE:		
SIGNATURE: <u>BAC</u>		Adjustment Date: <u>06/13/2005</u> BCAMPBEL		
OFFICE: <u>PCT/DO/EO</u>		01/19/PHONE#1 <u>00000000</u> 502342 10521077		
		02 FC:1632 500.00 CR		
		03 FC:1633 200.00 CR		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B